

# Purchase Order Professional Service Contract State of Indiana

Approved by Encompass Leadership Team – 2011

| Order #                                    | Date       | Required Date | Page   |
|--------------------------------------------|------------|---------------|--------|
| 0016525927                                 | 10/01/2015 | 10/31/2015    | 1 of 3 |
| Requisition Number: 0000030784             |            |               |        |
| Vendor ID: 0000318783 REMIT001             |            |               |        |
| Agency: 00400 Health                       |            |               |        |
| Pay Terms: Invoice Due Upon Receipt        |            |               |        |
| Fund/Object/Center: 61910/ 531010 / 305000 |            |               |        |

# 1 CHANGE ORDER  
Vendor 0000318783 REMIT001 1

**Remit to**

REAL ALTERNATIVES  
7810 ALLENTOWN BLVD #304  
HARRISBURG PA 17112

**Ship To**

Indiana State Department of Health  
Various Locations - See Comments

**Vendor  
Name  
Address**

REAL ALTERNATIVES  
7810 ALLENTOWN BLVD #304  
HARRISBURG PA 17112

**Bill To**

Health  
State Department of Health  
Section 2-C  
2 N MERIDIAN ST  
INDIANAPOLIS IN 46204

### Vendor Contact

Name:  
eMail:  
Phone:

**Buyer**

Name: Seth C Greathouse - 00400  
eMail: SGreathouse@isdh.IN.gov


| Purchase Order Line Details |              |                           |                  |                      |     |                |              |
|-----------------------------|--------------|---------------------------|------------------|----------------------|-----|----------------|--------------|
| Item No                     | Description  | (FOB Destination)         | Qty Ordered      | Qty Recd             | UOM | Unit Price     | Extended Amt |
| 1- 1                        | PERSONNEL    |                           | 1.0000           | <input type="text"/> | LO  | 190,000.0000   | 190,000.00   |
|                             | Contract ID: | 0000000000000000000014694 | Contract Line: 1 | Release:             | 1   |                |              |
| 2- 1                        | FRINGE       |                           | 1.0000           | <input type="text"/> | LO  | 45,050.0000    | 45,050.00    |
|                             | Contract ID: | 0000000000000000000014694 | Contract Line: 2 | Release:             | 2   |                |              |
| 3- 1                        | TRAVEL       |                           | 1.0000           | <input type="text"/> | LO  | 10,500.0000    | 10,500.00    |
|                             | Contract ID: | 0000000000000000000014694 | Contract Line: 3 | Release:             | 3   |                |              |
| 4- 1                        | SUPPLIES     |                           | 1.0000           | <input type="text"/> | LO  | 236,700.0000   | 236,700.00   |
|                             | Contract ID: | 0000000000000000000014694 | Contract Line: 4 | Release:             | 4   |                |              |
| 5- 1                        | CONTRACTS    |                           | 1.0000           | <input type="text"/> | LO  | 2,936,500.0000 | 2,936,500.00 |
|                             | Contract ID: | 0000000000000000000014694 | Contract Line: 5 | Release:             | 5   |                |              |
| 6- 1                        | OTHER        |                           | 1.0000           | <input type="text"/> | LO  | 81,250.0000    | 81,250.00    |
|                             | Contract ID: | 0000000000000000000014694 | Contract Line: 6 | Release:             | 6   |                |              |

The following UN/CEFACT Unit of Measure  
Common Codes are used in this document:

|    |     |
|----|-----|
| LO | Lot |
|----|-----|

**This area left blank**

**Total PO Amt.    \$    3,500,000.00**

| Indiana Department of Administration Authorized Signatory<br>                       | <table border="1"> <tr> <th colspan="2" data-bbox="1002 1701 1276 1705">CONFIRMATION OF RECEIPT</th></tr> <tr> <td colspan="2" data-bbox="701 1705 1235 1719">           I certify that the items listed above were received. All commodities appeared to conform to specifications and showed no patent defects, except as otherwise noted.         </td></tr> <tr> <td data-bbox="701 1719 1235 1724">Signature of State Employee Receiver</td><td data-bbox="1235 1719 1468 1724">Date Signed(Month/Day/Year)</td></tr> </table> | CONFIRMATION OF RECEIPT |  | I certify that the items listed above were received. All commodities appeared to conform to specifications and showed no patent defects, except as otherwise noted. |  | Signature of State Employee Receiver | Date Signed(Month/Day/Year) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|-----------------------------|
| CONFIRMATION OF RECEIPT                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |  |                                                                                                                                                                     |  |                                      |                             |
| I certify that the items listed above were received. All commodities appeared to conform to specifications and showed no patent defects, except as otherwise noted.    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |  |                                                                                                                                                                     |  |                                      |                             |
| Signature of State Employee Receiver                                                                                                                                   | Date Signed(Month/Day/Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |  |                                                                                                                                                                     |  |                                      |                             |
| FUNDING ENCUMBERED BY THE AUDITOR OF STATE                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |  |                                                                                                                                                                     |  |                                      |                             |
| I certify that there is sufficient unencumbered balance in the above account to cover the amount of this order, and that funds have been set aside for payment thereof |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |  |                                                                                                                                                                     |  |                                      |                             |



00400 0016525927

Indiana Department of Administration



# Purchase Order Professional Service Contract State of Indiana

Approved by Encompass Leadership Team - 2011

|                                            |            |               |        |
|--------------------------------------------|------------|---------------|--------|
| Order #                                    | Date       | Required Date | Page   |
| 0016525927                                 | 10/01/2015 | 10/31/2015    | 2 of 3 |
| Requisition Number: 0000030784             |            |               |        |
| Vendor ID: 0000318783 REMIT001             |            |               |        |
| Agency: 00400 Health                       |            |               |        |
| Pay Terms: Invoice Due Upon Receipt        |            |               |        |
| Fund/Object/Center: 61910/ 531010 / 305000 |            |               |        |

# 1 CHANGE ORDER

## Terms and Conditions

### TERMS AND CONDITIONS

1. **ACKNOWLEDGMENT:** This Agreement contains the complete and final Agreement between the State and the Contractor and no other Agreement in any way modifying any of said terms and conditions will be binding upon the State or the Contractor unless made in writing and signed by the State's and the Contractor's authorized representative.

2. **PRICING:** Unit price must be entered and extended, and the total price of the solicitation must be shown. If there is an error between the unit price and total price, the unit price shall prevail. Awarded Prices: Prices listed for each item are firm and cannot be changed. Any revision in price may be rejected at the discretion of the IN Dept. of Administration, and may result in cancellation of the Purchase Order without recourse on the part of the awarded Contractor.

3. **TERMINATION FOR CONVENIENCE:** This Agreement may be terminated, in whole or in part, by the State whenever, for any reason, the State determines that such termination is in the best interest of the State. Termination shall be affected by delivery to the Contractor of a Termination Notice at least thirty (30) days prior to termination effective date, specifying the extent to which performance of services under which such termination becomes effective. The Contractor shall be compensated for performance prior to the notice date of termination but in no case shall total payment made to Contractor exceed the original Agreement price due on Agreement. No price increase shall be allowed on individual line items if canceled only in part.

4. **FUNDING CANCELLATION:** When the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this Agreement, this Agreement shall be canceled. A determination by the Budget Director that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

5. **INSURANCE:** If this Agreement provides for work to be performed by the Contractor for the State, the Contractor shall be responsible for providing all necessary unemployment and workers' compensation, insurance for the Contractor's employees and liability and property/casualty insurance, as required by the State. Upon request, the Contractor shall furnish a certificate of insurance showing coverage acceptable to the State.

6. **DELIVERY:** Delivery must be made at time agreed upon. If any indicated or actual delays arise, the using agency must be notified immediately, in writing, with the cause for such delay stated. If any goods are not delivered within the time specified on the Purchase Order, or within a reasonable time not exceeding 30 days after receipt of a Purchase Order if no time is specified, the using agency may refuse to accept such goods, and this Agreement may be cancelled. Each package shall be numbered and labeled with the State's Purchase Order number, contents and weight, and shall contain an itemized packing slip and be properly packed for shipment.

7. **QUANTITY:** Goods shipped in excess of quantity designated in the Purchase Order may be returned at the Contractor's expense.

8. **COMPLIANCE WITH SPECIFICATIONS:** The goods and/or services shall conform strictly to the specifications, drawings, or samples specified or furnished in connection with the bid/quote, all of which are incorporated herein. The Contractor warrants all goods and/or services delivered to be free from defects of material or workmanship. This warranty shall survive any inspection, delivery, acceptance, or payment by the State of the goods and/or services. Inspections shall be on the State's premises unless otherwise specified. The State shall have the right to reject and return at the Contractor's expense, or to require at the Contractor's expense, the correction or replacement of materials, workmanship, or services which are defective or do not conform to the requirements of the Purchase Order.

9. **WARRANTY:** The Contractor will furnish all parts and maintenance at no charge for a period of at least 90 days or the manufacturer's standard warranty, whichever is longer, provided that such maintenance and parts are not required because of accident, neglect, misuse, or force majeure event. Contractor shall be responsible for removal and/or disposal of all replaced parts. Prior to the expiration of the warranty period, whenever equipment is shipped for a mechanical replacement purpose, the Contractor shall bear all cost of such shipment including, but not limited to, cost of packing, transportation, rigging drayage, and insurance. All replacements shall be covered by a new warranty.

10. **INTELLECTUAL PROPERTY DEFENSE:** The Contractor shall, at its own expense, defend, indemnify and hold harmless the State with respect to any claims that the goods and/or services furnished under this Agreement violates any third party intellectual property rights including, but not limited to, patents, copyrights, trademarks and trade secrets

11. **PAYMENTS:** All payments shall be made in arrears in conformance with State fiscal policies and procedures and, as required by IC4-13-2-14.8, by electronic funds transfer to the financial institution designated by the Contractor in writing unless a specific waiver has been obtained from the Auditor of State. No payments will be made in advance of receipt of the goods or services that are the subject of this Agreement except as permitted by



00400 0016525927

Indiana Department of Administration



# Purchase Order Professional Service Contract State of Indiana

Approved by Encompass Leadership Team - 2011

|                                            |            |                     |        |
|--------------------------------------------|------------|---------------------|--------|
| Order #                                    | Date       | Required Date       | Page   |
| 0016525927                                 | 10/01/2015 | 10/31/2015          | 3 of 3 |
| Requisition Number: 0000030784             |            |                     |        |
| Vendor ID:                                 |            | 0000318783 REMIT001 |        |
| Agency: 00400 Health                       |            |                     |        |
| Pay Terms: Invoice Due Upon Receipt        |            |                     |        |
| Fund/Object/Center: 61910/ 531010 / 305000 |            |                     |        |

# 1 CHANGE ORDER

## Terms and Conditions

IC 4-13-2-20.

12. **COMPLIANCE WITH LAWS:** The Contractor agrees to comply with all applicable federal, state, and local laws, rules, regulations, or ordinances, and all provisions required thereby to be included herein are hereby incorporated by reference. The enactment of any state or federal statute or the promulgation of regulations thereunder after execution of this Agreement shall be reviewed by the State and the Contractor to determine whether the provisions of this Agreement require formal modification.

13. **COMPLIANCE WITH TELEPHONE SOLICITATIONS ACT:** As required by IC 5-22-3-7, the Contractor and any principals for the Contractor certify that (A) the Contractor, except for de minimis and nonsystematic violations, has not violated the terms of (i) IC 24-4.7 [Telephone Solicitation of Consumers], (ii) IC 24-5-12 [Telephone Solicitations], or (iii) IC 24-5-14 [Regulation of Automatic Dialing Machines] in the previous three hundred sixty-five (365) days, even if IC 24-4.7 is preempted by federal law; and (B) the Contractor will not violate the terms of IC 24-4.7 for the duration of the Agreement, even if IC 24-4.7 is preempted by federal law. The Contractor and any principals of the Contractor certify that an affiliate or principal of the Contractor and any agent acting on behalf of the Contractor or on behalf of an affiliate or principal of the Contractor: (A) except for de minimis and nonsystematic violations, has not violated the terms of IC 24-4.7 in the previous three hundred sixty-five (365) days, even if IC 24-4.7 is preempted by federal law; and (B) will not violate the terms of IC 24-4.7 for the duration of the Agreement, even if IC 24-4.7 is preempted by federal law.

14. **NONDISCRIMINATION:** Pursuant to IC 22-9-1-10 and Civil Rights Act of 1964, the Contractor and its Agents, if any, shall not discriminate against any employee or applicant for employment, to be employed in the performance of this Agreement, with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of race, religion, sex, disability, national origin, ancestry or status as a veteran. The Contractor, and its subcontractor(s), if any, shall comply with all applicable affirmative action reporting requirements. Breach of this covenant may be regarded as a material breach of this Agreement. The Contractor shall comply with Section 202 of Executive Order 11246, as amended, 41 CFR 60-250, and 41 CFR 60-741, as amended.

15. **DRUG-FREE WORKPLACE CERTIFICATION:** As required by Executive Order No. 90-5, the Contractor hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. The Contractor will give written notice to the State within ten (10) days after receiving actual notice that the Contractor or an employee of the Contractor in Indiana has been convicted of a criminal drug violation occurring in the Contractor's workplace.

16. **TAXES:** Prices listed on an invoice submitted by the Contractor for payment is not to include any tax for which the State is exempt. The State will furnish a tax exempt certificate, if requested by the Contractor. The State will not be responsible for any taxes levied on the Contractor as a result of this Agreement.

17. **FORCE MAJEURE:** In the event that either party is unable to perform any of its obligations under this Agreement, or to enjoy any of its benefits, because of natural disaster or decrees of governmental bodies not the fault of the affected party ("Force Majeure Event"), the party who has been so affected shall immediately give notice to the other party and shall do everything possible to resume performance. Upon receipt of such notice, all obligations under this Agreement shall be immediately suspended. If the period of nonperformance exceeds thirty (30) days from the receipt of notice of the Force Majeure Event, the party whose ability to perform has not been so affected may, by giving written notice, terminate this Agreement.

18. **GOVERNING LAWS:** This Agreement shall be construed in accordance with and governed by the laws of the State of Indiana and suit, if any, must be brought in the State of Indiana.

19. **INFORMATION TECHNOLOGY ENTERPRISE ARCHITECTURE REQUIREMENTS:** If Contractor provides any information technology related products or services to the State, Contractor shall comply with all Indiana Office of Technology (IOT) standards, policies, and guidelines, which are online at <http://iot.in.gov/architecture/>. Contractor specifically agrees that all hardware, software, and services provided to or purchased by the State shall be compatible with the principles and goals contained in the electronic and information technology accessibility standards adopted under Section 508 of the Federal Rehabilitation Act of 1973 (29 U.S.C. 794d) and IC 4-13.1-3. Any deviation from these architecture requirements must be approved in writing by IOT in advance. The State may terminate this Agreement for default if Contractor fails to cure a breach of this provision within a commercially reasonable time.

This area left blank



00400 0016525927

Indiana Department of Administration

